



**Danny Rhynes Interagency Training Center**  
**602 S. Tippecanoe Ave.**  
**San Bernardino, CA 92408**  
**(909) 382-2984 Fax (909) 382-4192**  
**Email: drtc@fs.fed.us**

## **Memorandum**

**DATE: December 3, 2012**

**SUBJECT: S-232 Single Resource Dozer Boss**

**TO: Students**

You have been selected to attend the S-232 Single Resource Dozer Boss course at the Danny Rhynes Interagency Training Center on January 22-25, 2013. **Class will begin at 1000 hours on Tuesday, January 22 and conclude at approximately 1700 hours on Friday, January 25.**

This is a classroom and skill course designed to meet the training needs of a Dozer Boss on an incident as outlined the PMS 310-1 and the Position Task Book developed for the position. Primary considerations are tactical use and safety precautions required to establish and maintain an effective dozer operation.

### **Pre-Work & Items to bring to class:**

1. Please complete the attached pre-course questions and bring to class with you on the first day.
2. There will be a field exercise on Thursday, January 24<sup>th</sup>, please bring
  - a. Helmet
  - b. Gloves
  - c. Eye Protection
  - d. Nomex – Long Sleeve Shirts
  - e. Boots

### **Trainee prerequisites are:**

1. Qualified as a firefighter type 1 (FFT1)

### **Please bring the following to class on the first day:**

1. Fireline Handbook that includes Appendix "B"
2. Field Operations Guide
3. Incident Response Pocket Guide

**\*\*ALL STUDENTS:** Please complete and return the pre-registration form to the training center no later than close of business **Monday, January 8, 2013**. FAX copies are sufficient.

## **Tuition**

Your tuition cost is **\$300.00**

All students must submit a NWCG Nomination Form with proper agency charge codes and signatures for payment. Forms can be attained on-line at: “nationalfiretraining.net.”

## **Billing Information:**

**Forest Service (Other Regions):** The approved NWCG Nomination Form will be used for payment. This form must include proper agency charge codes and signatures.

**Other Federal Agencies:** The approved NWCG Nomination Form will be used for payment. This form must include proper agency codes, agreement numbers and signatures.

**Other Non Federal Agencies:** It is recommended that students pay with check or money order at the facility at the start of class. There is an additional 8% administrative fee added to this tuition charge. If payment is not received, a bill of collection will be issued to your agency.

**Cancellations:** Cancellations must be made two weeks prior to the course start date. If a cancellation occurs after the two-week cut off and the slot goes unfilled, there will be a charge not to exceed the tuition charge for the course. **The last date to cancel for this course is Tuesday, January 8, 2013.**

If a student cancels within the two-week period and pre work has already been received, the student needs to return pre work to the training facility.

**Dress:** Students are to wear casual office attire. This means attire suitable for public contact (no shorts, tank tops, flip flops, etc) and must have closed toe shoes every day.

Any questions regarding this course may be directed to your unit training coordinator or appropriate training representative. If you are self-sponsored, you may contact the training center directly at [drtc@fs.fed.us](mailto:drtc@fs.fed.us)

**Travel:** For travel and lodging information navigate on the internet to the DRTC website: <http://www.fs.usda.gov/goto/sanbernardino/travel>

/s/ Kristel Johnson

Kristel Johnson  
Forest Training Officer

Enclosures:

Training Center & Lodging Information, Driving Directions  
Student Pre-Registration Form

PRE-REGISTRATION FORM  
DANNY RHYNES INTERAGENCY TRAINING CENTER

**FAX: 909-382-4192**

**ALL Blocks MUST be Completed**

**Course Title:** S-232 Dozer Boss **Date:** January 22-25, 2013

**Trainee Name** \_\_\_\_\_ **Email** \_\_\_\_\_

**Agency:**  
FS: Forest: \_\_\_\_\_ District: \_\_\_\_\_  
Region \_\_\_\_\_ Unit: \_\_\_\_\_  
Other \_\_\_\_\_  
Agency: \_\_\_\_\_ *(Ranger Unit/Station)*

*(County – City – OES – CHC Student – NPS – BLM – USCG / Use your three letter designator.)*

**Work Address:** \_\_\_\_\_  
*(Mailing Address of your unit headquarters.)* *(City – State – Zip Code)*

**Phone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Supervisor Name/Title** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Training Officer Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**RETURN THIS FORM TO THE  
TRAINING CENTER  
BY COB:**

**January 8, 2013**

